CITY OF SEQUIM

POSITION APPLIED FOR $_$	

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY

The City of Sequim, is an equal opportunity employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or handicap. The City of Sequim affirmatively seeks to employ and advance qualified veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

INSTRUCTIONS: Please print or type all information – the application must be filled out accurately and completely. Answer all questions, do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the City of Sequim and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

	LAST NAME	FIRST NAME	M.I.	OTHER NAMES KNOW	'N BY
PERSONAL INFORMATION	ADDRESS		CITY	STATE	ZIP
	PHONE NUMBER	EMAIL ADDRE	SS	ALTERNA	ATE PHONE
	ARE YOU 18 YEARS OF AG		YES NO	DO YOU AUTHORIZE SEQUIM TO INVESTIG	ATE YOUR DRIVING
	DO YOU HAVE A LEGAL F TO WORK IN THE UNITED HAVE YOU PREVIOUSLY	STATES?	YES NO	YES AN ABSTRACT DRIVII THE DEPARTMENT OF	NG RECORD FROM
	EMPLOYED BY THE CITY IF SO, JOB TITLE/DEPT DATES EMPLOYED: FROM	OF SEQUIM?		BE REQUIRED.	
				ARE EMPLOYED BY THE CITY	OF SEQUIM
	NAME:		JOB TITI	LE/DEPT:	

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	POSITION FOR WHICH YOU	ARE A	PPLYI	NG:					
	SEEKING: FULL TIME	1	PART T	TIME		TEMPORAR	Y/SEASONAL		
	WHAT IS YOUR MINIMUM S	SALARY	Y REQU	JIREMI	ENT? \$	8	PER		
	DATE AVAILABLE FOR WO	RK:							
	HIGH SCHOOL ATTENI NAME:	DED:				CITY:	STATE:		
	GRADUATION DATE:					CIII.	RECEIVED DATE:)	
			COL	I ECI	r / TIN	IWEDSITI	ES ATTENDED		
Z		DA		TTEND		LIVERSITI	ES ATTENDED		
TIO	NAME					GRADE POINT	MAJOR FIELD OF STUDY	DEGREE RECEIVED	
INFORMATION	AND LOCATION	MO	OM YR	МО	O YR	AVG			
FOF									
ION						_			
EDUCATION	LIST TRAINING (B	USINE	SS, TF	RADE,	VOCA	ATIONAL, A	ARMED FORCES SCHOOLS, ET	TC.) BELOW	
E)	NAME			TTEND		TOTAL	COURCES TAVEN	CERTIFICATES OR OTHER	
	AND LOCATION	FROM		Т	O	MONTHS	COURSES TAKEN	PERTINENT INFORMATION	
	Boermon	MO	YR	МО	YR				
		-							
		1							

BRANCH OF SERVICE RANK AT SEPERATION DATES OF U.S. MILITARY SERVICE SERVICE FROM TO VETERAN'S POINTS IF YOU ARE CLAIMING VETERAN PREFERENCE OR DISABLED VETERAN. YOU MUST ATTACH A COPY MO. YR. MO. YR. CLAIMED (CIRCLE 1) OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER. **MILITARY** LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY LIST ANY MEDALS OR COMMENDATIONS RECEIVED IN THE MILITARY

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAM AND DRUG SCREENING TEST?	YES	
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR WITH OR WITHOUT ACCOMMODATION?	YES	
HAVE YOU EVER BEEN CONVICTED OF OR PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) A YES REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU. YES NO		
FOR POLICE APPLICANTS ONLY: A PHYSICAL AGILITY EXAMINATION IS REQUIRED OF ALL APPLICANTS AT TIME OF TESTING.		
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PSYCHOLOGICAL EXAM?	YES	
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT POLYGRAPH EXAM?	YES	
LIST NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF 5 REFERENCES (NOT RELATIVES OR OF THE CITY OF SEQUIM).	EMPLOY	'E
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IMPORTANT: READ EACH SECTION BELOW COMPLETELY. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

NOTICE TO PERSONS WITH DISABILITIES: TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

HOW TO APPLY: APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE CITY OF SEQUIM AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

PRE-EMPLOYMENT MEDICAL EXAMINATION: SOME POSITIONS MAY REQUIRE THE CANDIDATE TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF SEQUIM, AFTER RECEIVING A CONDITIONAL OFFER OF EMPLOYMENT.

PAY PLAN: NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

PROBATIONARY PERIOD: EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS OR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. THE EMPLOYMENT STATUS OF ALL DEPARTMENT MANAGERS OR OTHER NON-UNION EMPLOYEES IS AT-WILL AND MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE.

DRUG POLICY: IT IS THE POLICY OF THE CITY OF SEQUIM TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM.

ALCOHOL AND DRUG TESTING: APPLICANTS FOR POSITIONS THAT REQUIRE POSSESSION OF A CDL LICENSE WILL BE REQUIRED TO UNDERGO CONTROLLED SUBSTANCES, AND AT OUR DISCRETION, ALCOHOL TESTING PRIOR TO EMPLOYMENT AND WILL BE SUBJECT TO FURTHER TESTING THROUGHOUT THEIR PERIOD OF EMPLOYMENT. APPLICANTS WILL ALSO BE ASKED TO SIGN FORMS FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYERS IN ALL CASES WHERE DRIVING A CMV WAS ONE OF YOUR FUNCTIONS. FAILURE TO SIGN WILL PREVENT THE CITY FROM USING YOU AS A CMV DRIVER.

AGREEMENT: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, DISMISSAL. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF SEQUIM ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF SEQUIM TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF THE CITY OF SEQUIM. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE CITY OF SEQUIM RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED AT ANY TIME, AND WITHOUT PRIOR NOTICE TO ME. I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF SEQUIM, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE:		
DATE:	 	

LIST ALL JOBS HELD IN THE LAST 10 YEARS. START WITH YOUR PRESENT OR MOST RECENT POSITION AND WORK BACK. MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT? YES NO (JOB 1) PRESENT OR MOST RECENT JOB **EMPLOYER** FROM TO TOTAL TIME ADDRESS MO. YR. MO. YR. YRS. MOS. TELEPHONE NO. YOUR JOB TITLE HOURS PER WEEK SUPERVISOR'S NAME & TITLE STARTING SALARY \$ PER REASON FOR LEAVING POSITION LAST SALARY PER SPECIFIC DUTIES: NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE): (JOB 2) PREVIOUS JOB **EMPLOYER** FROM TO TOTAL TIME ADDRESS MO. YR. MO. YR. YRS. MOS. TELEPHONE NO. YOUR JOB TITLE HOURS PER WEEK SUPERVISOR'S NAME & TITLE STARTING SALARY \$ PER REASON FOR LEAVING **EMPLOYMENT** LAST SALARY PER SPECIFIC DUTIES: _ NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE): (JOB 3) PREVIOUS JOB **EMPLOYER** FROM TO TOTAL TIME ADDRESS MO. YR. MO. YR. YRS. MOS. TELEPHONE NO. YOUR JOB TITLE HOURS PER WEEK SUPERVISOR'S NAME & TITLE REASON FOR LEAVING STARTING SALARY \$ PER PER LAST SALARY SPECIFIC DUTIES:_

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):

	(JOB 4) PREVIOUS JOB						EMPLOYER		
	FROM TO TOTAL TIME				TOTAI	TIME	ADDRESS		
	MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NO.		
							YOUR JOB TITLE		
	HOUF	RS PER V	VEEK				SUPERVISOR'S NAME & TITLE		
ED	STAR	TING SA	LARY	\$	PER		REASON FOR LEAVING POSITION		
	LAST	SALAR	Y	\$	PER				
CONTINUED	SPECIFIC DUTIES:								
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æ									
RECORD	NUMI	BER OF	EMPLO	YEES SU	PERVIS	ED (IF A	PPLICABLE):		
RE				REVIOUS		`	EMPLOYER		
	FR	OM		ТО	TOTA	L TIME	ADDRESS		
Н	MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NO.		
EMPLOYMENT							YOUR JOB TITLE		
ΧM	HOUF	RS PER V	VEEK				SUPERVISOR'S NAME & TITLE		
[O]	STAR	TING SA	LARY	\$	PER		REASON FOR LEAVING		
M	LAST	SALAR	Y	\$	PER				
H	SPEC	IFIC DU	ΓΙES: _						
	NUMI	BER OF	EMPLO	YEES SU	JPERVIS	ED (IF A	PPLICABLE):		
	SUMN	1ARIZE	YOUF	R COMP	UTER E	XPERII	ENCE (LEVEL OF SKILL, SOFTWARE PROGRAMS PROFICIENT WITH):		
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SKILLS									
$\mathbf{\Sigma}$	OTHER TECHNICAL SKILLS RELATED TO POSITION APPLIED FOR:								
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